Michigan AFC/HFA COVID-19 Reporting

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LTCF - Introduction Page

To support Michigan's response to the COVID-19 outbreak, all Adult Foster Care and Home for the Aged facilities with bed capacity of 13 or greater must report on specific data elements that have been identified by the Centers for Disease Control and Prevention (CDC) and the Michigan Department of Health and Human Services (MDHHS). This survey site is only for the above specified non-skilled long-term care facilities. ***Skilled nursing facilities must report in EMResource.***

Failure to submit complete data according to requirements can result in state compliance actions.

Reporting period: Seven-day period (Wednesday 12:01 AM - Wednesday 12:00 AM). The data collection tool will be available Wednesdays from 7:00 AM - Noon to enter the data for the immediately preceding week.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			Week 1 Data Collection			

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1 Data Collection			Week 1 Data Submission	Week 1 Data Correction (if necessary)		
			Week 2 Data Collection			

Example: When submitting data by noon (12:00) on Wednesday, November 4, 2020, the facility will report on data collected from Wednesday, October 28, 2020 at 12:01

AM (0001 HRS) through Tuesday, November 3, 2020 at 11:59pm (2359 HRS).

Reporting submission requirement: Weekly, Wednesday by noon (1200 HRS)

The following documents should be downloaded and referenced for accuracy in reporting.

[MDHHS Covid 19 Reporting Data Instructions AFC/HFA 10.21.20](#)

[Joint Letter AFC/HFA Covid 19 Reporting 10.21.20](#)

Residents admitted or readmitted from another facility who were previously diagnosed with COVID-19 and continue to require transmission-based precautions. (Count since last reporting)

Admissions is defined as residents admitted or readmitted from another facility who were previously diagnosed with COVID-19 and continue to require transmission based isolation precautions due to the diagnosis. Recovered residents are excluded. Includes persons under investigation (for example, signs/symptoms and/or pending test results and require transmission-based precautions at admission)

ADMISSIONS:

Residents **with new** *confirmed,* **positive COVID-19 test results from a viral test (nucleic acid or antigen). (Count since last reporting)**

Confirmed is defined as a resident with a new positive COVID-19 test result from a viral test (nucleic acid or antigen). Examples include molecular testing, nucleic acid testing, and antigen testing. Positive results from antigen Point of Care test results are included.

CONFIRMED:

Residents **with new** *suspected* **COVID-19. (Count since last reporting)**

*Suspected is defined as a resident who is being managed as though COVID-19 positive because of signs and/or symptoms suggestive of COVID-19, as described by CDC's guidance, but does not have a positive COVID-19 test result. Include residents who have not been tested or those with pending test results. The count may also include residents with negative test results but who continue to show signs/symptoms suggestive of COVID-19 per CDC guidance.

SUSPECTED:

Total residents who have died for *any* reason in the facility or another location. (Count since last reporting)

Deaths is defined as residents who have died from any cause in the facility or another location. This count includes new COVID-19 related deaths AND nonCOVID-19 related deaths. Includes residents who died in another location, such as a hospital.

RESIDENT TOTAL DEATHS (ANY CAUSE):

Residents with a suspected or positive COVID-19 test result who died in the facility or another location. (Count since last reporting)

COVID-19 Deaths is defined as a resident with suspected or a positive COVID-19 test result who died in the facility or another location as a result of COVID-19 related complications.

RESIDENT TOTAL COVID-19 DEATHS:

Total number of beds that are currently occupied. (Count at time of reporting)

On the date responses are being reported, enter the total number of residents that are

occupying a bed in the facility. Current Census may include a combination of private pay and non-private pay occupied beds.

CURRENT CENSUS:

Staff and facility personnel with new *confirmed* laboratory-positive COVID-19. (Count since last reporting)

Staff and facility personnel include anyone working or volunteering in the facility, which includes, but not limited to contractors, temporary staff, resident care givers, shared staff, etc.

CONFIRMED:

Staff and facility personnel with new *suspected* COVID-19. (Count since last reporting)

Suspected is defined as staff and personnel with signs and symptoms suggestive of COVID-19 as described by CDC's guidance but do not have a laboratory positive COVID-19 test result. This may include staff and personnel who have not been tested or those with pending test results. It may also include staff and personnel with negative test results but continue to show signs/symptoms suggestive of COVID-19.

Staff and facility personnel include anyone working or volunteering in the facility, which includes, but not limited to contractors, temporary staff, resident care givers, shared staff, etc.

SUSPECTED:

Staff and facility personnel **with new suspected or laboratory- positive COVID-19 who died. (Count since last reporting)**

Suspected is defined as staff and personnel with signs and symptoms suggestive of COVID-19 as described by CDC's guidance but do not have a laboratory positive COVID-19 test result. This may include staff and personnel who have not been tested or those with pending test results. It may also include staff and personnel with negative test results but continue to show signs/symptoms suggestive of COVID-19

Staff and facility personnel include anyone working or volunteering in the facility, which includes, but not limited to contractors, temporary staff, resident care givers, shared staff, etc.

STAFF TOTAL COVID-19 DEATHS:

The organization has a shortage of staff and/or personnel in any of the following categories. *Check all that apply.*

☐ Nursing Staff (registered nurse, licensed practical nurse, or vocational nurse)

☐ Clinical Staff (physician, physician assistant, or advanced practice nurse)

☐ Aide (certified nursing assistant, nurse aide, medication aide, or medication technician)

☐ Other Staff or facility personnel (environ)mental services, cook, dietary, pharmacists, pharmacy techs, activities director, care givers, wound care, physical therapy, shared staff, etc.

☐ No shortages

The facility currently has *any* supply of the following items. *Check all that apply.*

☐ N95 masks

☐ Surgical masks

☐ Eye protection including face shields and goggles

☐ Gowns

☐ Gloves

☐ Alcohol-based hand sanitizer

☐ No supplies available

The facility currently has *enough supply* of the following items for *conventional use for one week* (7 days). *Check all that apply.*

☐ N95 masks

☐ Surgical masks

☐ Eye protection including face shields and goggles

☐ Gowns

☐ Gloves

☐ Alcohol-based hand sanitizer

☐ No supplies available

Does the LTCF have the ability to perform or to obtain resources for performing COVID-19 viral testing (nucleic acid or antigen) on all current residents within the next 7 days, if needed?

○ Yes

○ No

If "*NO*," indicate the reason why testing is not available. *Check all that apply.*

☐ Lack of recommended personal protective equipment (PPE) for personnel to wear during specimen collection

☐ Lack of supplies for specimen collection

☐ Lack of access to a laboratory for submitting specimens

☐ Lack of access to trained personnel to perform testing (includes internal and external resources)

☐ Uncertainty about testing reimbursement

☐ Other: Specify

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Does the LTCF have the ability to perform or to obtain resources for performing COVID-19 viral testing (nucleic acid or antigen) on all current staff and/or facility personnel within the next 7 days, if needed?

○ Yes

○ No

If "*NO*," indicate the reason why testing is not available. *Check all that apply.*

☐ Lack of recommended personal protective equipment (PPE) for personnel to wear during specimen collection

☐ Lack of supplies for specimen collection

☐ Lack of access to a laboratory for submitting specimens

☐ Lack of access to trained personnel to perform testing (includes internal and external resources)

☐ Uncertainty about testing reimbursement

☐ Other: Specify

☐ *(text box)*

Since the last date of data entry, has your LTCF performed COVID-19 viral testing on residents?

○ Yes

○ No

If "YES" indicate the reasons why resident testing is being performed. *Check all that apply.*

☐ Testing residents with new signs/symptoms consistent with COVID-19

☐ Testing asymptomatic residents on a unit/section of the facility in response to a new case with COVID-19

☐ Testing asymptomatic residents facility-wide in response to a new case with COVID-19

☐ Testing asymptomatic residents without a known exposure to COVID-19 as part of surveillance

☐ None of the above: testing of another subgroup of residents occurred

Since the last date of data entry, has your LTCF performed COVID-19 viral testing on staff and/or facility personnel?

○ Yes

○ No

If "YES" indicate the reasons why staff and/or facility personnel testing is being performed. *Check all that apply.*

☐ Testing staff and/or facility personnel with new signs/symptoms consistent with COVID-19

☐ Testing asymptomatic staff and/or facility personnel on a unit/section of the facility in response to a new case with COVID-19

☐ Testing asymptomatic staff and/or facility personnel facility-wide in response to a new case with COVID-19

☐ Testing asymptomatic staff and/or facility personnel without a known exposure to COVID-19 as part of surveillance

☐ None of the above: testing of another subgroup of staff and/or facility personnel occurred

During the past two weeks, on average how long did it take your LTCF to receive COVID-19 viral (nucleic acid or antigen) test results of residents?

○ Less than one day

○ 1-2 days

○ 3-7 days

○ More than 7 days

○ No resident testing performed in the last two weeks

During the past two weeks, on average how long did it take your LTCF to receive COVID-19 viral (nucleic acid or antigen) test results of staff and/or facility personnel?

○ Less than one day

○ 1-2 days

○ 3-7 days

○ More than 7 days

○ No staff and/or facility personnel testing performed in the last two weeks

Does your facility have in-house point-of-care test machine(s) capable to perform COVID-19 testing within your facility?

Select "YES" if on the reporting date, your LTCF has at least one point-of-care testing machine available in the LTCF for COVID-19 viral testing. In-house is defined as available for use within your LTCF.

○ Yes

○ No

Based on this week's inventory, do you have enough supplies to test all staff and/or facility personnel for COVID19 using the in-house point-of-care test machine?

○ Yes

○ No

Since the last date of data entry, how many COVID-19 point-of-care tests has the LTCF performed on residents using the in-house point-of-care test machine(s), regardless of test results?

Only include the total number of in-house point-of-care COVID-19 tests performed on residents using the point-of-care test machine since the last time this count was reported, regardless of the test results obtained.

Number of resident tests:

Since the last date of data entry, how many COVID-19 point-of-care tests has the LTCF performed on staff and/or facility personnel using the in-house point-of-care test machine(s), regardless of test results?

Only include the total number of in-house point-of-care COVID-19 tests performed on

staff and/or facility personnel using the point-of-care test machine since the last time this count was reported, regardless of the test results obtained.

Number of staff and/or facility personnel tests:

Please review and confirm your entries. Once confirmed, click below.

○ Data entry is correct

○ This is a replacement data entry for the facility and is correct

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